



Senate

General Assembly

February Session, 2006

File No. 511

Senate Bill No. 481

Senate, April 13, 2006

The Committee on Appropriations reported through SEN. HARP of the 10th Dist., Chairperson of the Committee on the part of the Senate, that the bill ought to pass.

AN ACT CONCERNING A MEDICAID HOME AND COMMUNITY-BASED SERVICE WAIVER FOR PERSONS WITH HUMAN IMMUNODEFICIENCY VIRUS OR ACQUIRED IMMUNE DEFICIENCY SYNDROME.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective July 1, 2006*) The Commissioner of Social
2 Services may apply for a home and community-based services waiver
3 pursuant to Section 1915(c) of the Social Security Act that will allow
4 the commissioner to develop and implement a program for the
5 provision of home or community-based services, as defined in 42 CFR
6 440.180, to not more than one hundred persons, currently receiving
7 services under the Medicaid program who (1) have tested positive for
8 human immunodeficiency virus or have acquired immune deficiency
9 syndrome, and (2) would remain eligible for Medicaid if admitted to a
10 hospital, nursing facility or intermediate care facility for the mentally
11 retarded, or in the absence of the services that are requested under
12 such waiver, would require the Medicaid covered level of care
13 provided in such facilities. In accordance with 42 CFR 440.180, such

14 persons shall be eligible to receive services that are deemed necessary
15 by the commissioner to meet their unique needs in order to avoid
16 institutionalization.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>July 1, 2006</i>	New section

HS*Joint Favorable C/R*

APP

APP*Joint Favorable*

The following fiscal impact statement and bill analysis are prepared for the benefit of members of the General Assembly, solely for the purpose of information, summarization, and explanation, and do not represent the intent of the General Assembly or either House thereof for any purpose:

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 07 \$	FY 08 \$
Department of Social Services	GF - Cost	Potential Significant	Potential Significant

Municipal Impact: None

Explanation

This bill allows the Commissioner of the Department of Social Services (DSS) to apply for a Medicaid home and community waiver for people with AIDS/HIV. Should DSS pursue this waiver, the department would incur significant one-time costs to develop and submit this waiver to the federal government. The community services provided in such a waiver would represent a significant ongoing cost, likely in the \$3 million to \$4 million range, depending on the services provided in the waiver. However, there would also be an offsetting savings in Medicaid institutional costs. The extent of any such savings will be dependent upon whether an actual reduction in nursing home bed days results, which cannot be estimated at this time. The Medicaid program currently pays approximately \$73,000 per year for a nursing home bed.

sHB 5007 (the Budget Bill, as reported by the Appropriations Committee) contains \$650,000 for DSS to begin the implementation of such a waiver for both people with AIDS/HIV and people with multiple sclerosis.

The Out Years

The annualized ongoing fiscal impact identified above would

continue into the future.

OLR Bill Analysis**SB 481*****AN ACT CONCERNING A MEDICAID HOME AND COMMUNITY-BASED SERVICE WAIVER FOR PERSONS WITH HUMAN IMMUNODEFICIENCY VIRUS OR ACQUIRED IMMUNE DEFICIENCY SYNDROME.*****SUMMARY:**

This bill permits the commissioner of the Department of Social Services to apply for a Medicaid home- and community-based services (HCBS) waiver to provide such services to up to 100 individuals who (1) are receiving Medicaid; (2) have tested positive for the human immunodeficiency virus (HIV) or have AIDS; and (3) would remain eligible for Medicaid in an institutional setting (i.e., hospital, nursing home, or intermediate care facility for the mentally retarded) if admitted to one, or would require the level of care provided in such a setting if they did not receive waiver-covered services.

The bill makes program participants eligible for those services that the commissioner considers necessary to help them avoid institutionalization, in accordance with federal HCBS regulations.

EFFECTIVE DATE: July 1, 2006

BACKGROUND***HCBS Waivers***

Section 1915(c) of the federal Social Security Act permits states to provide Medicaid-funded home- and community-based services as an alternative to institutional care. These programs must be cost neutral, which means they cannot cost more than what it would cost for someone in an institutional setting. In many cases, HCBS services are considerably less costly than those provided in institutions.

In most states, individuals may receive waiver services if their income is no more than 300% of the federal Supplemental Security Income (SSI) benefit. This is the maximum allowed by federal law and is substantially higher than the income limit for non-waiver Medicaid services. Some states have more restrictive income limits. States can also limit who can qualify by setting certain functional eligibility criteria. Most states limit the number of individuals who may enroll.

As of 2004, 16 states operated HCBS waivers for people with HIV or AIDS.

HCBS Service Regulations

Federal regulations (42 CFR § 440.180) enumerates the services that HCBS waiver programs provide. Some of these include:

1. case management,
2. homemakers,
3. home health aides,
4. personal care,
5. adult day health,
6. habilitation,
7. respite, and
8. day treatment or other partial hospitalization services, psychosocial rehabilitation services and clinic services for individuals with chronic mental illness.

COMMITTEE ACTION

Human Services Committee

Joint Favorable Change of Reference

Yea 16 Nay 0 (03/14/2006)

Appropriations Committee

Joint Favorable

Yea 53 Nay 1 (03/31/2006)